PAIGN	Effer		ember 8, 2		ION REC	UHI	٠		/ 0	, 0	440.	3/
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			<u> </u>			! .	RATE		FEE	7	RATE	
FOR		NUMB	NUMBER FILED		NUMBER EXTRA		BASICE		50.00	7	BASIC FE	
TOTAL CHARGEABLE CLAIMS			minus 20=				X\$ 25	1.		OF		
NDEPENDENT CLAIMS			minus 3 =				X100=		<u> </u>	4	` 	+
MULTIPLE DEPENDENT CLAIM PR		PRESENT						+			<u>' </u>	
If the differen	ce in column 1 i	s less than	less than zero, enter "0" in colum			+180=				OF	`L	
1 %	ELAIMS AS						TOTAL	· L		OF	• •	<u> </u>
27/06	(Column 1)		(Colum		(Column 3)		SMAL	ENT	ТΥ	OR		R THAN ENTITY
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE/
Total	. 20	Minus	- 2	20	. 0		X\$ 25=	7		OR	X\$50≖	
Independent		Minus		3	0		X100=	1		OR	X200=	///
I FIRST PRES	SENTATION OF A	IULTIPLE D	EPENDENT	CLAIM			+180=	1		OR	+360=	//
-						Ĺ	TOTAL		•	OR	· TOTAL	
•	(Column 1)		(Colum	n 2)	(Column 3)	, A	DDIT. FEE			JON	ADDIT. FEÉ	<u> </u>
	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE
Total	•	Minus					X\$ 25=			OR	X\$50=	
Independent	ENTATION OF M	Minus	•••				X100=			OR	X200=	
FINOI FINES	ENTATION OF MI	JUIPLE DE	PENDENT	LAIM	لسليلن		+180=				+360=	
•					,	L	TOTAL			OR		-
•	(Column 1)		· (Column	21 ((Column 3)	AD	OIT. FEE		ٔ لــــــــــــــــــــــــــــــــــــ	UR ,	TOTAL DOIT, FEE	
·	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	T. R SLY	PRESENT EXTRA		RATE	ADE TION FEI	AL		RATE	ADDI- TIONAL FEE
Total	•	Minus				Tx	\$ 25=			DR	X\$50=	, EE
Indépendent	٠	Minus	***	1	=	-			_ [r		
FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT CI	AIM		F	100=		-1 9	OR -	X200=	[
the entry in column 1 is less than the entry in column 2, write "0" in column 3. I the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, anter "20."						.+	180= .TOTAL	•	—,	A	+360=	
nua Listinest Mill	mber Previously Paid ber Previously Paid	id For IN TH	S SDACE is to				HT. FEE	ropriate		OR A	DOIT, FEE	
70.00												• •